



Thursday, December 7, 2017

Ms. Kimberley Martone
Director of Operations
State of CT Department of Public Health
Office of Health Care Access
410 Capitol Avenue, MS # 13HCA
P.O. Box 06134-0308

Re: Termination of an Outpatient Service
at Johnson Memorial Hospital

Dear Ms. Martone,

Johnson Memorial Hospital hereby submits a certificate of need application ("CON") for permission to terminate an intensive outpatient program for chemically dependent patients due to the lack of participation in the program. The program saw fewer than one (1) patient per day over the last year, and the participating physician left the program.

If you have any questions regarding this application, please feel free to contact me.

This application will be submitted electronically. Therefore, I would appreciate knowing that the application has been received. Thank you for your attention to this matter.

Very truly yours,

Claudio A. Capone

Claudio A. Capone
Vice President of Strategic Planning



State of Connecticut Department of Public Health Office of Health Care Access

Certificate of Need Application Main Form *Required for all CON applications*

Contents:

- OHCA Waiver
- Checklist
- List of Supplemental Forms
- Proposal Information
- Affidavit
- Executive Summary
- Project Description
- Public Need and Access to Health Care
- Financial Information
- Utilization

Checklist

Instructions: Review each item below and check box when completed. [Checklist **must** be submitted as the first page of the CON application.]

- ☒ A completed CON Main Form, including an affidavit signed and notarized by the appropriate individuals. CON forms can be found at [OHCA Forms](#).
- ☒ A completed Supplemental Form specific to the proposal type (see next page to determine which Supplemental Form to include in the application).
- ☒ Attached is the CON application filing fee in the form of a certified, cashier or business check in the amount of \$500 paid to “**Treasurer State of Connecticut.**”
- ☒ Attached is evidence demonstrating that public notice has been published for 3 consecutive days in a newspaper that covers the location of the proposal. Use the following link to help determine the appropriate publication: [Connecticut newspapers](#). **The application must be submitted no sooner than 20 days, but no later than 90 days from the last day of the newspaper notice.**

The following information **must** be included in the public notice:

- A statement that the applicant is applying for a certificate of need pursuant to section § 19a-638 of the Connecticut General Statutes;
- A description of the scope and nature of the project;
- The street address where the project is to be located; and
- The total capital expenditure for the project.

(Please fax (860-418-7053) or email (OHCA@ct.gov) a courtesy copy of the newspaper order confirmation to OHCA at the time of publication.)

- ☒ A completed Financial Worksheet specific to the application type.
- ☒ All confidential or personally identifiable information (e.g., Social Security number) has been redacted.
- ☒ Submission includes one USB flash drive containing:
 1. A scanned copy of each submission in its entirety*, including all attachments in Adobe (.pdf) format.
 2. An electronic copy of the applicant's responses in MS Word (the application) and MS Excel (the Financial Worksheet).

***All application components (e.g., Main Form, Supplemental Form, Financial Worksheet and Exhibits) should be compiled and paginated sequentially from beginning to end.**

Note: OHCA hereby waives requirement to file any paper copies.

- ☒ All submissions should be emailed to OHCA@ct.gov.

For OHCA Use Only:

Docket No.: _____

Check No.: _____

OHCA Verified by: _____ **Date:** _____

Supplemental Forms

In addition to completing this **Main Form** and **Financial Worksheet (A, B or C)**, the applicant(s) must complete the appropriate **Supplemental Form** listed below. Check the box of the **Supplemental Form** to be submitted with the application, below. If unsure which form to select, please call the OHCA main number (860-418-7001) for assistance. All CON forms can be found on OHCA's website at [OHCA Forms](#).

Check form included	Conn. Gen. Stat. Section 19a-638(a)	Supplemental Form
<input type="checkbox"/>	(1)	Establishment of a new health care facility (mental health and/or substance abuse) - see note below*
<input type="checkbox"/>	(2)	Transfer of ownership of a health care facility (excludes transfer of ownership/sale of hospital – see “Other” below)
<input type="checkbox"/>	(3)	Transfer of ownership of a group practice
<input type="checkbox"/>	(4)	Establishment of a freestanding emergency department
<input checked="" type="checkbox"/>	(5) (7) (8) (15)	Termination of a service: <ul style="list-style-type: none"> - inpatient or outpatient services offered by a hospital - surgical services by an outpatient surgical facility** - emergency department by a short-term acute care general hospital - inpatient or outpatient services offered by a hospital or other facility or institution operated by the state that provides services that are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended
<input type="checkbox"/>	(6)	Establishment of an outpatient surgical facility
<input type="checkbox"/>	(9)	Establishment of cardiac services
<input type="checkbox"/>	(10) (11)	Acquisition of equipment: <ul style="list-style-type: none"> - acquisition of computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners or positron emission tomography-computed tomography scanners - acquisition of nonhospital based linear accelerators
<input type="checkbox"/>	(12)	Increase in licensed bed capacity of a health care facility
<input type="checkbox"/>	(13)	Acquisition of equipment utilizing [new] technology that has not previously been used in the state
<input type="checkbox"/>	(14)	Increase of two or more operating rooms within any three-year period by an outpatient surgical facility or short-term acute care general hospital
<input type="checkbox"/>	Other	Transfer of Ownership / Sale of Hospital

*This supplemental form should be included with all applications requesting authorization for the establishment of a **mental health and/or substance abuse treatment facility**. For the establishment of other “health care facilities,” as defined by Conn. Gen. Stat § 19a-630(11) - hospitals licensed by DPH under chapter 386v, specialty hospitals, or a central service facility - complete *the Main Form* only.

**If termination is due to insufficient patient volume, or it is a subspecialty being terminated, a CON is not required.

Proposal Information

Select the appropriate proposal type from the dropdown below. If unsure which item to select, please call the OHCA main number (860-418-7001) for assistance.

Proposal Type (select from dropdown)	Termination of mental health and substance abuse services by a hospital
Brief Description	Johnson Memorial Hospital, Inc. is terminating its Intensive Outpatient Chemical Dependency Program in Enfield, CT due to a lack of available providers.
Proposal Address	151 Hazard Ave, Enfield, CT 06082
Capital Expenditure	\$ 0
Is this Application the result of a Determination indicating a CON application must be filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Docket Number: Click here to enter text.	

Applicant(s) Information

	Applicant One	Applicant Two* (if applicable)
Applicant: Name & Address	Johnson Memorial Hospital, Inc. 201 Chestnut Hill Road, Stafford Springs, CT 06076	
Parent Corporation: Name & Address (if applicable)	Trinity Health Of New England, Inc. 1000 Asylum Ave. Hartford, CT 06105	
Contact Person: Name, Title, Address	Claudio Capone Reg. VP of Strategic Planning 1000 Asylum Ave. Hartford, CT 06105	
Company	Trinity Health Of New England, Inc.	
Email Address	Claudio.capone@TrinityHealth- NE.org	
Phone	860.714.7165	
Fax Number	860.714.8117	
Tax Status (check one box)	<input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Not-for-Profit	<input type="checkbox"/> For Profit <input type="checkbox"/> Not-for-Profit

**For more than two Applicants, attach a separate sheet with the above information*

FOR OFFICE USE ONLY	
Docket #:	Staff Assigned :
Date Received:	

Affidavit

Applicant: Johnson Memorial Hospital

Project Title: Termination of the Intensive Outpatient Chemical Dependency Program in
Enfield, CT

I, Stuart E. Rosenberg, President of Johnson Memorial Hospital being duly sworn,
depose and state that the said facility complies with the appropriate and applicable
criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or
4-181 of the Connecticut General Statutes.

Signature

Date

Subscribed and sworn to before me on _____

Notary Public/Commissioner of Superior Court

My commission expires: _____

Executive Summary

The purpose of the Executive Summary is to give the reviewer a conceptual understanding of the proposal. In the space below, provide a succinct overview of your proposal (this may be done in bullet format). Summarize the key elements of the proposed project. Details should be provided in the appropriate sections of the application that follow.

Johnson Memorial Hospital ("JMH") is requesting approval from the Office of Health Care Access to terminate its Intensive Outpatient Chemical Dependency Program ("CDP") at 151 Hazard Ave, Enfield. JMH has identified local providers that have and will continue to provide intensive outpatient treatment in the service area.

The CDP was an intensive outpatient program ("IOP") that JMH has provided for over 20 years as part of the psychiatric services offered by JMH. The program provided treatment services to patients ages 18 and older with substance abuse problems and/or co-occurring disorders. The schedule of service was Monday, Wednesday, and Thursday evenings from 5:30pm to 9:00pm. The average program included 12–15 sessions.

In February 2017, JMH was notified that the program's sole provider of care would be resigning and moving out of state. Attempts were made to recruit a provider, but statewide shortages of mental health practitioners prevented JMH from securing a replacement. This is consistent with the OHCA Statewide Health Care Facilities and Services Plan that identified shortages in mental health practitioners on a statewide basis.

To ensure continued access to IOP services, JMH is seeking state approval to terminate and transfer displaced IOP patients to local providers in Enfield, CT.

There are no capital costs associated with this proposal.

Pursuant to Section 19a-639 of the Connecticut General Statutes, the Office of Health Care Access is required to consider specific criteria and principles when reviewing a Certificate of Need application. Text marked with a “§” indicates it is actual text from the statute and may be helpful when responding to prompts.

Project Description

- 1. Provide a detailed narrative describing the proposal. Explain how the Applicant(s) determined the necessity for the proposal and discuss the benefits to the public and for each Applicant, separately. Include all key elements, including the parties involved, what the proposal will entail, the equipment/service location(s), the geographic area the proposal will serve, the implementation timeline and why the proposal is needed in the community.**

Johnson Memorial Hospital (“JMH” or “the Hospital”), Johnson Health Care, and Home & Community Health Services provide a continuum of health care services to those living and working in North Central Connecticut and Western Massachusetts. In 2016, Johnson Memorial Hospital became part of Trinity Health Of New England, an integrated health care delivery system that is a member of Trinity Health, Livonia, MI, one of the largest multi-institutional Catholic health care delivery systems in the nation. The 92-bed hospital has been an anchor institution in North Central Connecticut for 104 years.

The Chemical Dependency Program (“CDP”) was an intensive outpatient program (“IOP”) located in Enfield, CT. The CDP was part of the psychiatric services offered by JMH. The outpatient program has treated individuals who have substance abuse disorders, as well as those with co-occurring disorders, for over 20 years.

The staff at the CDP focused on education and support of those in early recovery, thereby easing the transition toward healthier functioning. Groups were led by licensed professionals trained in substance abuse treatment. In addition, the program provided psychiatric consults. The CDP treated adults ages 18 and over with substance abuse problems and/or co-occurring disorders. The schedule of service was Monday, Wednesday, and Thursday evenings, from 5:30pm to 9:00pm. The average program included 12–15 sessions, and the cost of the program was generally covered by insurance.

Chemical Dependency Program Services Include:

- Substance Abuse Assessments
- Inpatient Substance Abuse Consults
- Psychiatric Consults
- Group Counseling
- Individualized Treatment Planning
- Aftercare Planning
- Referrals
- Addiction Education
- Disease Management
- Relapse Prevention Skills

- Twelve-Step Education
- Family Education
- Alumni Services

The Proposal:

JMH is proposing the termination of its CDP. In February 2017, JMH was notified that its sole provider of care in the IOP would be resigning in June 2017. The provider has since resigned and moved out of state.

As detailed in the OHCA Statewide Facilities and Services Plan, Connecticut's health care industry is experiencing a shortage of health care personnel. The Plan demonstrates that there is a specific shortage in mental health practitioners on a statewide basis. JMH has made exhaustive attempts to recruit a replacement physician to provide CDP services, but the provider shortage has rendered this effort unsuccessful.

The last day of service for the provider was June 16, 2017. To ensure care continuum for CDP patients, JMH transitioned existing outpatient services to a neighboring provider within walking distance, located at 153 Hazard Avenue, Enfield. The neighboring provider, Community Health Resources ("CHR"), is aware of the CDP termination and agreed to absorb the few remaining displaced patients.

The termination of services occurred without program interruption, as those seeking care were notified of the coming termination and directed to contact CHR for care continuum. JMH administrators specifically selected CHR to absorb CDP patients because of its close proximity, accessibility, and capacity to provide comparable care in the community.

2. Provide the history and timeline of the proposal (i.e., When did discussions begin internally or between Applicant(s)? What have the Applicant(s) accomplished so far?).

JMH leadership was notified in February 2017 that the program's sole provider would be moving out of state in June 2017. Since that time, JMH has made exhaustive attempts to recruit a replacement provider, though these attempts were unsuccessful due to statewide shortages of behavioral health providers throughout the TH Of NE system and the state.

3. Provide the following information:

- a. utilizing [OHCA Table 1](#), list all services to be added, terminated or modified, their physical location (street address, town and zip code), the population to be served and the existing/proposed days/hours of operation;

Please see OHCA Table 1.

- b. identify in [OHCA Table 2](#) the service area towns (i.e., use only [official town names](#)) and explain the reason for their inclusion (e.g., provider availability, increased/decreased patient demand for service, market share);

Please see OHCA Table 2.

4. List the health care facility license(s) that will be needed to implement the proposal;

Please see Johnson Memorial Hospital's hospital license, **Attachment 1**.

5. Submit the following information as attachments to the application:

a. a copy of all State of Connecticut, Department of Public Health license(s) currently held by the Applicant(s);

The CDP is under a DPH license is included as **Attachment 1**.

b. a list of all key professional, administrative, clinical and direct service personnel related to the proposal and attach a copy of their Curriculum Vitae;

Please see **Attachment 2** for copies of the Curriculum Vitae of all key personnel related to the proposal.

c. copies of any scholarly articles, studies or reports that support the need to establish the proposed service, along with a brief explanation regarding the relevance of the selected articles;

Not applicable. This is a termination of services.

d. letters of support for the proposal;

Since the proposal a termination of services, no letters of support were solicited.

e. the protocols or the Standard of Practice Guidelines that will be utilized in relation to the proposal. Attach copies of relevant sections and briefly describe how the Applicant proposes to meet the protocols or guidelines.

Not applicable, this is a termination of services which has already occurred due to circumstances beyond the control of the Applicant.

f. copies of agreements (e.g., memorandum of understanding, transfer agreement, operating agreement) related to the proposal. If a final signed version is not available, provide a draft with an estimated date by which the final agreement will be available.

Due to the small patient volume (less than one patient per day), no transfer agreement was created with CHR.

Public Need and Access to Care

§ “Whether the proposed project is consistent with any applicable policies and standards adopted in regulations by the Department of Public Health;” (Conn.Gen.Stat. § 19a-639(a)(1))

- 6. Describe how the proposed project is consistent with any applicable policies and standards in regulations adopted by the Connecticut Department of Public Health.**

The proposal is consistent with the policies and standards in regulations adopted by the Connecticut Department of Public Health as it removes duplicative services from the market while ensuring continued access to quality care.

§ “The relationship of the proposed project to the statewide health care facilities and services plan;” (Conn.Gen.Stat. § 19a-639(a)(2))

- 7. Describe how the proposed project aligns with the Connecticut Department of Public Health Statewide Health Care Facilities and Services Plan, available on [OHCA’s website](#).**

The proposed termination of service aligns with the Statewide Health Care Facilities and Service Plan by ensuring that those with substance abuse problems have continued access to care. Program administrators have identified local providers, such as Community Health Resources (“CHR”), which will continue to provide intensive outpatient treatment in the service area.

§ “Whether there is a clear public need for the health care facility or services proposed by the applicant;” (Conn.Gen.Stat. § 19a-639(a)(3))

- 8. With respect to the proposal, provide evidence and documentation to support clear public need:**

- a. identify the target patient population to be served;**

JMH’s CDP provided intensive outpatient substance abuse counseling services to the residents in the greater Enfield area.

- b. discuss if and how the target patient population is currently being served;**

The target patient population was served by JMH’s CDP and continues to be served by other local programs, such as CHR. CHR is located across the street from the CDP site, which will ensure continued access to substance abuse counseling services for patients that have become accustomed to CDP’s location.

- c. document the need for the equipment and/or service in the community;**

Not applicable.

d. explain why the location of the facility or service was chosen;

Due to difficulty in recruiting a provider, the existing site will be repurposed into another yet-to-be-determined JMH service.

e. provide incidence, prevalence or other demographic data that demonstrates community need;

Not applicable. JMH is terminating its service and current demand will be met by existing community providers, such as CHR.

f. discuss how low income persons, racial and ethnic minorities, disabled persons and other underserved groups will benefit from this proposal;

Patients that fit the above described groups will continue to have access to services offered in the community by local providers such as CHR.

g. list any changes to the clinical services offered by the Applicant(s) and explain why the change was necessary;

The primary change stemming from this CON is the closing of the intensive outpatient CDP, due to difficulty in provider recruitment.

h. explain how access to care will be affected; and

Current access was affected by the departure of the sole provider of services at this practice in July 2017.

i. discuss any alternative proposals that were considered.

Due to insubstantial volumes for this program, no alternative proposals were considered.

§ “Whether the applicant has satisfactorily demonstrated how the proposal will improve quality, accessibility and cost effectiveness of health care delivery in the region, including, but not limited to, (A) provision of or any change in the access to services for Medicaid recipients and indigent persons; (Conn.Gen.Stat. § 19a-639(a)(5))

9. Describe how the proposal will:

a. improve the quality of health care in the region;

All patients in need of these services will be cared for by local providers in the service area, such as CHR. JMH has ensured that CHR is willing to take displaced patients. Because of the proximity of this provider (CHR), which is located at 153 Hazard Ave in Enfield, there will be no significant changes made to the population served or the accessibility of service.

b. improve accessibility of health care in the region; and

Patients continue to have access to care through existing community providers. CHR has been accepting any new patients referred by JMH.

c. improve the cost effectiveness of health care delivery in the region.

Not applicable.

10. How will the Applicant(s) ensure that future health care services provided will adhere to the National Standards on culturally and Linguistically Appropriate Services (CLAS) to advance health equity, improve quality and help eliminate health care disparities in the projected service area? (More details on CLAS standards can be found at <http://minorityhealth.hhs.gov/>).

Not Applicable. This is a request for termination of services.

11. How will this proposal help improve the coordination of patient care (explain in detail regardless of whether your answer is in the negative or affirmative)?

For individuals who utilized CDP services at JMH, JMH will continue to coordinate care and connect patients to CDPs in the service area. Individuals seeking CDPs will be connected to providers like CHR to ensure that patients have continued access to necessary care.

12. Describe how this proposal will impact access to care for Medicaid recipients and indigent persons.

Medicaid recipients and indigent persons in the greater Enfield community have continued access to care because neighboring provider CHR has agreed to accept patients who previously received care from JMH's CDP.

13. Provide a copy of the Applicant's charity care policy and sliding fee scale

applicable to the proposal.

Not applicable. This is a request for termination of services.

14. If charity care policies will be changed as a result of the proposal, list all changes and describe how the new policies will affect patients.

Not applicable. This is a request for termination of services.

§ "Whether an applicant, who has failed to provide or reduced access to services by Medicaid recipients or indigent persons, has demonstrated good cause for doing so, which shall not be demonstrated solely on the basis of differences in reimbursement rates between Medicaid and other health care payers;" (Conn.Gen.Stat. § 19a-639(a)(10))

15. If the proposal fails to provide or reduces access to services by Medicaid recipients or indigent persons, provide explanation of good cause for doing so.

Because program administrators have identified and worked with a local provider of CDP treatment to absorb patients, access to services by the stated parties will not be reduced.

§ "Whether the applicant has satisfactorily demonstrated that any consolidation resulting from the proposal will not adversely affect health care costs or accessibility to care." (Conn.Gen.Stat. § 19a-639(a)(12))

16. Will the proposal adversely affect patient health care costs in any way? Quantify and provide the rationale for any changes in price structure that will result from this proposal, including, but not limited to, the addition of any imposed facility fees.

Patients will not see an increase in costs from this proposal since they are transitioning to existing providers within the Greater Enfield Community with established price structures currently supported by the market. There are no proposed changes in price structure resulting from this proposal. Patients' health care costs will not be adversely affected.

Financial Information

§ “Whether the applicant has satisfactorily demonstrated how the proposal will impact the financial strength of the health care system in the state or that the proposal is financially feasible for the applicant;” (Conn.Gen.Stat. § 19a-639(a)(4))

17. Provide the Applicant’s fiscal year: start date (mm/dd) and end date (mm/dd).

The fiscal year for JMH starts 10/01 and ends 09/30.

18. Describe the impact of this proposal on the financial strength of the state’s health care system or demonstrate that the proposal is financially feasible for the applicant.

Not applicable; financial feasibility is not a concern as this application focuses on the termination of existing services, as opposed to initiation.

19. Provide an estimate of the capital expenditure/costs for the proposal using [OHCA Table 3](#).

Not applicable; there are no capital expenditures/costs associated with this proposal.

See OHCA Table 3.

20. List all funding or financing sources for the proposal and the dollar amount of each. Provide applicable details such as interest rate; term; monthly payment; pledges and funds received to date; letter of interest or approval from a lending institution.

Not Applicable; there are no funding or financial sources for this proposal, as this application requests termination of a service, as opposed to initiation.

21. Include as an attachment:

- a. audited financial statements for the most recently completed fiscal year. If audited financial statements do not exist, provide other financial documentation (e.g., unaudited balance sheet, statement of operations, statement of cash flow, tax return, or other set of books). Connecticut hospitals required to submit annual audited financial statements may reference that filing, if current;

Please refer to the most recently submitted annually audited financial statements provided by JMH to OHCA.

- b. completed Financial Worksheet A (non-profit entity), B (for-profit entity) or C (§19a-486a sale), available at [OHCA Forms](#), providing a summary of revenue, expense, and volume statistics, “without the CON project,” “incremental to the CON project,” and “with the CON project.” Note: the

actual results reported in the Financial Worksheet must match the audited financial statements previously submitted or referenced. In addition, please make sure that the fiscal years reported on the Financial Worksheet are the same fiscal years reported for the financial projections, utilization and payer mix tables (OHCA Tables 4, 6 and 7).

Refer to **Attachment 3.**

22. Complete [OHCA Table 4](#) utilizing the information reported in the attached Financial Worksheet.

See OHCA Table 4.

23. Fully identify and explain all assumptions used in the projections reported in the Financial Worksheet. In providing these detailed assumptions, please include the following:

- a. Identify general assumptions for projected amounts that are estimated to be the same, both with or without this proposed project (i.e., project-neutral increases or decreases that occur between years). Explain significant variances (+/- 25% variances) that occur between years for the project neutral changes;**

FY 2017 amounts represent the year-to-date actual revenue and expenses through August 2017 and projected amounts for September.

- b. Identify specific assumptions for all projected amounts that are estimated to change as a result of implementation of the proposed project (i.e., project-specific increases or decreases). Address projected changes in revenue, payer mix, expense categories and FTEs. In addition, connect any service, volume (utilization) or payer mix changes described elsewhere in the CON application narrative or tables with these financial assumptions;**

Volume

- Inpatient volume for FY 2018 is projected to have a slight increase. With FY 2019 and FY 2020 remaining the same as FY 2018.
- Hospital outpatient visits are projected to increase by 1.0% per year for FY 2018 through FY 2020.

Revenue

- Medicare is projected to increase 2.0% per year for FY 2018 through FY 2020.
- Medicaid is projected to have a slight increase each year, FY 2018 through FY 2020, due to the transition to statewide APR-DRG rate. Outpatient APC rates were held constant.
- Commercial is projected to increase 3.5% per year for FY 2018 through FY 2020.
- Workers compensation is projected to increase 1.0% per year for FY 2018 through FY 2020.

- Other Operating Revenue is projected to increase 2.0% per year for FY 2018 through FY 2020.

Expenses

- Projected salary expense & benefits are projected to increase 3.25% each year for FY 2018 through FY 2020.
- Supplies and Drugs are projected to decrease in FY 2018 due to synergies with Trinity Health. For FY 2019 and FY 2020 Supplies are projected to increase by 2.5% each year and Drugs by 7.2% each year.
- Other expenses are projected to increase 2.0% each year for FY 2018 through FY 2020.
- The Hospital Tax is projected to remain the same as FY 2017.

Please refer to **Attachment 3**.

- c. If the Applicant does not project any specific increases or decreases with the project in the Financial Worksheet, please explain why.**

Not applicable. Please refer to **Attachment 3**.

- 24. Explain any projected incremental losses from operations resulting from the implementation of the CON proposal. Provide an estimate of the timeframe needed to achieve incremental operational gains.**

There are no incremental losses from operations due to the small size of the program.

Utilization

§ “The applicant's past and proposed provision of health care services to relevant patient populations and payer mix, including, but not limited to, access to services by Medicaid recipients and indigent persons;” (Conn.Gen.Stat. § 19a-639(a)(6))

- 25. Complete [OHCA Table 5](#) and [OHCA Table 6](#) for the past three fiscal years (“FY”), current fiscal year (“CFY”) and first three projected FYs of the proposal, for each of the Applicant’s existing and/or proposed services. Note: for OHCA Table 6, if the first year of the proposal is only a partial year, provide the partial year and then provide projections for the first three complete FYs. In addition, please make sure that the fiscal years reported on OHCA Table 6 are the same fiscal years reported for the financial projections and payer mix tables (OHCA Tables 4 and 7).**

Despite seeing an increase in volume in IOP CDP program in Table 5, it has been difficult to maintain and recruit providers, resulting in this proposal to terminate services. Operating a full time program with less than one visit per day is not financially sustainable, which contributed to the loss of the current provider and the inability to find a replacement.

For Table 6, there are no projections for the program as this proposal is a request for termination of services.

- 26. Provide a detailed explanation of all assumptions used in the derivation/ calculation of the projected service volume; explain any increases and/or decreases in volume reported in OHCA Table 5 and 6.**

Not applicable. There will be no service volume, as this proposal calls for the termination of services. Existing patients were absorbed by CHR.

- 27. Provide the current and projected patient population mix (number and percentage of patients by payer) for the proposal using [OHCA Table 7](#) and provide all assumptions. Note: payer mix should be calculated from patient volumes, not patient revenues. Also, current year should be the most recently completed fiscal year.**

See OHCA Table 7 for current volume. There are no projections since this proposal calls for the termination of services.

§ “Whether the applicant has satisfactorily identified the population to be served by the proposed project and satisfactorily demonstrated that the identified population has a need for the proposed services;” (Conn.Gen.Stat. § 19a-639(a)(7))

- 28. Describe the population (as identified in question 8(a)) by gender, age groups or persons with a specific condition or disorder and provide evidence (i.e., incidence, prevalence or other demographic data) that demonstrates a need**

for the proposed service or proposal. Please note: if population estimates or other demographic data are submitted, provide only publicly available and verifiable information (e.g., U.S. Census Bureau, Department of Public Health and Connecticut State Data Center) and document the source.

The Chemical Dependency Program was part of the psychiatric services offered by Johnson Memorial Hospital. The outpatient program treated individuals who have substance abuse disorders, as well as those with co-occurring disorders. CDP treated adults ages 18 and over. In FY2016, 64% of patients were between 35-64 years of age while 33% were between 18-34 years of age. Only 2% of patients were over the age of 65.

In 2016, over 60% of patients who received care from the JMH's CDP were insured by Commercial plans, 30% of patients were insured by Medicaid and 7% by Medicare.

- 29. Using [OHCA Table 8](#), provide a breakdown of utilization by town for the most recently completed fiscal year. Utilization may be reported as the number of persons, visits, scans or other unit appropriate for the information being reported.**

Please see [OHCA Table 8](#).

§ "The utilization of existing health care facilities and health care services in the service area of the applicant;" (Conn.Gen.Stat. § 19a-639(a)(8))

- 30. Using [OHCA Table 9](#), identify all existing providers in the service area and, as available, list the services provided, population served, facility ID (see table footnote), address, hours/days of operation and current utilization of the facility. Include providers in the towns served or proposed to be served by the Applicant, as well as providers in towns contiguous to the service area.**

Please see [OHCA Table 9](#).

- 31. Will this proposal shift volume away from existing providers in the area? If not, explain in detail why the proposal will have no impact on existing provider volumes.**

No, this proposal will not shift volume away from existing providers. Patients will be referred to CHR's CDP.

- 32. If applicable, describe what effect the proposal will have on existing physician referral patterns in the service area.**

Patients seeking IOP care will be referred to CHR, which has agreed to absorb patients from JMH's program. Patients will also be referred to other providers in the greater Enfield community.

*§ “Whether the applicant has satisfactorily demonstrated that the proposed project shall not result in an unnecessary duplication of existing or approved health care services or facilities;”
(Conn.Gen.Stat. § 19a-639(a)(9))*

33. If applicable, explain why approval of the proposal will not result in an unnecessary duplication of services.

As a termination of service, the proposal will not result in unnecessary duplication of services.

*§ “Whether the applicant has satisfactorily demonstrated that the proposal will not negatively impact the diversity of health care providers and patient choice in the geographic region;”
(Conn.Gen.Stat. § 19a-639(a)(11))*

34. Explain in detail how the proposal will impact (i.e., positive, negative or no impact) the diversity of health care providers and patient choice in the geographic region.

Because there are a number of providers in the service area who provide similar services, this proposal will not adversely impact the diversity of healthcare providers or patient choice.

Tables

**TABLE 1
APPLICANT'S SERVICES AND SERVICE LOCATIONS**

Service	Street Address, Town	Population Served	Days/Hours of Operation	New Service or Proposed Termination
Outpatient Chemical Dependency Program	151 Hazard Ave, Enfield, CT 06082	All adults age 18 and over	M, W, Th 5:30PM – 9PM	Termination

[\[back to question\]](#)

**TABLE 2
SERVICE AREA TOWNS**

Town*	Reason for Inclusion
Enfield East Windsor Stafford Springs Windsor Locks Ellington Suffield Somers Windsor Granby Bloomfield Manchester Vernon Avon Glastonbury Hartford Longmeadow, MA Springfield, MA Willington	These towns represent where patients originated from during the Hospital 2017 Fiscal Year to Date (7/31/2016 – 4/30/2017)

*List [official town name](#) only - village or place names are not acceptable.

[\[back to question\]](#)

**TABLE 3
TOTAL PROPOSAL CAPITAL EXPENDITURE**

Purchase/Lease	Cost
Equipment (Medical, Non-medical, Imaging)	\$0
Land/Building Purchase*	\$0
Construction/Renovation**	\$0
Other (specify)	\$0
Total Capital Expenditure (TCE)	\$0
Lease (Medical, Non-medical, Imaging)***	\$0
Total Lease Cost (TLC)	\$0
Total Project Cost (TCE+TLC)	\$0

*If the proposal involves a land/building purchase, attach a real estate property appraisal including the amount; the useful life of the building; and a schedule of depreciation.

**If the proposal involves construction/renovations, attach a description of the proposed building work, including the gross square feet; existing and proposed floor plans; commencement date for the construction/ renovation; completion date of the construction/renovation; and commencement of operations date.

***If the proposal involves a capital or operating equipment lease and/or purchase, attach a vendor quote or invoice; schedule of depreciation; useful life of the equipment; and anticipated residual value at the end of the lease or loan term.

Not Applicable; there are no capital expenditure/costs associated with this proposal.

[\[back to question\]](#)

**TABLE 4
PROJECTED INCREMENTAL REVENUES AND EXPENSES**

	FY 2015*	FY 2016*	FY 2017*
Revenue from Operations	\$0	\$0	\$0
Total Operating Expenses	\$0	\$0	\$0
Gain/Loss from Operations	\$0	\$0	\$0

*Fill in years using those reported in the Financial Worksheet attached.

Note: please make sure that the fiscal years reported on the Financial Worksheet are the same fiscal years reported for the financial projections, utilization and payer mix tables (OHCA Tables 4, 6 and 7).

[\[back to question\]](#)

**TABLE 5
HISTORICAL UTILIZATION BY SERVICE**

Service**	Actual Volume (Last 3 Completed FYs)			CFY Volume*
	FY 2015***	FY 2016***	FY 2017***	FY 20__ ***
Outpatient Behavioral Health	57	123	153	Not Applicable
Total	57	123	153	

*For periods greater than 6 months, report annualized volume, **identify the months covered** and the method of annualizing. For periods less than 6 months, report actual volume and **identify the months covered**.

**Identify each service type and level adding lines as necessary. Provide the number of visits or discharges as appropriate for each service type and level listed.

***Fill in years. If the time period reported is not *identical* to the fiscal year reported in Table 4 of the application, provide the date range using the mm/dd format as a footnote to the table.

[\[back to question\]](#)

**TABLE 6
PROJECTED UTILIZATION BY SERVICE**

Service*	Projected Volume		
	FY 2015**	FY 2016**	FY 2017**
NA	0	0	0
Total	0	0	0

*Identify each service type by location and add lines as necessary. Provide the number of visits/discharges as appropriate for each service listed.

**If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary. If the time period reported is not *identical* to the fiscal year reported in Table 4 of the application, provide the date range using the mm/dd format as a footnote to the table.

Note: please make sure that the fiscal years reported on the Financial Worksheet are the same fiscal years reported for the financial projections, utilization and payer mix tables (OHCA Tables 4, 6 and 7).

[\[back to question\]](#)

TABLE 7
APPLICANT'S CURRENT & PROJECTED PAYER MIX

Payer	Current FY 2017**		Projected					
			FY 2018**		FY 2019**		FY 2020**	
	Discharges	%	Discharges	%	Discharges	%	Discharges	%
Medicare*	5	3.3	0	0	0	0	0	0
Medicaid*	52	34.4	0	0	0	0	0	0
CHAMPUS & TriCare	0	0	0	0	0	0	0	0
Total Government	57	37.7	0	0	0	0	0	0
Commercial Insurers	94	62.3	0	0	0	0	0	0
Uninsured	0	0	0	0	0	0	0	0
Workers Compensation	0	0	0	0	0	0	0	0
Total Non- Government	94	62.3	0	0	0	0	0	0
Total Payer Mix	151	100	0	0	0	0	0	0

*Includes managed care activity.

Fill in years. Current year should be the most recently **completed fiscal year. Ensure the period covered by this table corresponds to the period covered in the projections provided. New programs may leave the "current" column blank.

Note: please make sure that the fiscal years reported on the Financial Worksheet are the same fiscal years reported for the financial projections, utilization and payer mix tables (OHCA Tables 4, 6 and 7).

[\[back to question\]](#)

**TABLE 8
UTILIZATION BY TOWN FOR IOP CDP SERVICES**

Town	Utilization FY 2017**
Avon	2
Bloomfield	2
East Windsor	12
Ellington	10
Enfield	53
Glastonbury	1
Granby	6
Hartford	2
Longmeadow	1
Manchester	4
Somers	9
Springfield, MA	3
Stafford Springs	11
Suffield	8
Vernon	2
Rockville	3
Willington	2
Windsor	9
Windsor Locks	13
Grand Total	153

*List inpatient/outpatient/ED volumes separately, if applicable

Fill in most recently **completed fiscal year.

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**TABLE 9
SERVICES AND SERVICE LOCATIONS OF EXISTING PROVIDERS**

Service or Program Name	Population Served	Facility ID*	Facility's Provider Name, Street Address and Town	Hours/Days of Operation	Current Utilization
Enfield Partial Hospital/Intensive Outpatient Program	All adults age 18 and over	1215967427	Community Health Resources 153 Hazard Avenue, Enfield	M– W: 8am – 8pm; T– F: 9am – 5pm	383
Partial Hospital/Intensive Outpatient Program	Adults and adolescents age 12 and over	1003190950	Natchaug Hospital 72 Shaker Road, Enfield	M – F: 8am – 6:30pm	N/A

Intensive Outpatient Program/Partial Hospital Program	Adults age 18 and over	1295827475	New Directions 113 Elm Street, Enfield	M – F: 9am – 9pm	N/A
Partial Hospital/Intensive Outpatient Program	Adults age 18 and over	1154364016	Community Health Resources 150 North Main Street, Manchester	M,T,F: 8am-8:30pm; W: 8am-5pm; Th: 8am-4pm	N/A
Partial Hospital/Intensive Outpatient Program	All adults age 18 and over	1003190950	Natchaug Hospital 428 Hartford Turnpike, Vernon	M-F: 8:30am-4:30pm	N/A
Intensive Outpatient Program	All adults age 18 and over	1922374230	Rushford Glastonbury 110 National Drive, Glastonbury	M-F: 8am-9pm	N/A
Intensive Outpatient Program	Adults age 18 and over	1164580379	Intercommunity Recovery Centers 16 Coventry Street, Hartford	M-Th: 8:30am-8:30pm; F: 8:30am-5pm; Sat: 10am-3pm	N/A
Intensive Outpatient Program	All adults age 18 and over	1396750840	Wheeler Clinic 999 Asylum Avenue, Hartford	M-Th: 8am-8pm; F: 9am-5pm; Walk-in hours: M-Th: 10am-5:30pm; F: 9am-3:30pm	N/A

*Provide the Medicare, Connecticut Department of Social Services (DSS), or National Provider Identifier (NPI) facility identifier and label column with the identifier used.

[\[back to question\]](#)



Supplemental CON Application Form
Termination of a Service
Conn. Gen. Stat. § 19a-638(a)(5),(7),(8),(15)

Applicant: Johnson Memorial Hospital

**Project Name: Termination of the Intensive Outpatient Program
in Enfield, CT**

Affidavit

Applicant: Johnson Memorial Hospital

Project Title: Termination of the Intensive Outpatient Program in Enfield, CT

I, Stuart E. Rosenberg, President of Johnson Memorial Hospital being duly sworn, depose and state that the said facility complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Signature

Date

Subscribed and sworn to before me on _____

Notary Public/Commissioner of Superior Court

My commission expires: _____

1. Project Description: Service Termination

a. Please provide

i. a description of the history of the services proposed for termination, including when they commenced,

The Chemical Dependency Program provided evening, intensive outpatient treatment for over 20 years. Many completed acute care detoxification at JMH, received treatment at CDP during early recovery, and then transitioned to outpatient services provided by JMH. In early 2017, JMH leadership was notified that the sole physician in the program would be moving out of state mid-June. The provider has since left.

ii. whether CON authorization was received and,

Not Applicable.

iii. if CON authorization was required, the docket number for that approval.

Not Applicable.

b. Explain in detail the Applicant's rationale for this termination of services, and the process undertaken by the Applicant in making the decision to terminate.

The CDP at JMH was staffed by one provider, who has resigned and moved out of the state. The program administrators worked to recruit a replacement physician with hopes of continuing to provide IOP services but, as was identified in the Statewide Facilities and Services Plan, the shortage of behavioral health physicians in the state made it difficult to fill this gap in care. This inability to recruit a replacement physician drove the proposal to terminate services.

c. Did the proposed termination require the vote of the Board of Directors of the Applicant? If so, provide copy of the minutes (excerpted for other unrelated material) for the meeting(s) the proposed termination was discussed and voted on.

Please See **Attachment 4 (Page 4)**

2. Termination's Impact on Patients and Provider Community

a. For each provider to which the Applicant proposes transferring or referring clients, provide the below information for the last completed fiscal year and current fiscal year.

TABLE A
PROVIDERS ACCEPTING TRANSFERS/REFERRALS

Facility Name	Facility ID*	Facility Address	Total Capacity	Available Capacity	Utilization FY16	Utilization Current CFY17
Community Health Resources	1215967427	153 Hazard Avenue, Enfield, CT	603	145	458	383

* Please provide either the Medicare, Connecticut Department of Social Services (DSS), or National Provider Identifier (NPI) facility identifier and label column with the identifier used.

** Fill in year and identify the period covered by the Applicant's FY (e.g., July 1-June 30, calendar year, etc.). Label and provide the number of visits or discharges as appropriate.

*** For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.

b. Provide evidence (e.g., written agreements or memorandum of understanding) that other providers in the area are willing and able to absorb the displaced patients.

JMH has been in regular contact with CHR, which has agreed to absorb the patients from JMH's program.

c. Identify any special populations that utilize the service(s) and explain how these populations will maintain access to the service following termination at the specific location; also, specifically address how the termination of this service will affect access to care for Medicaid recipients and indigent persons.

The proposed termination of this services will not adversely affect access to care for Medicaid recipients and indigent persons. CHR, who has agreed to accept patients seeking care, accepts patients from the stated groups.

d. Describe how clients will be notified about the termination and transfer to other providers.

Existing patients were notified of service termination prior to the provider's departure. Existing patients completed treatment prior to service termination, and therefore did not require notice. Existing patients were referred to CHR.

e. For DMHAS-funded programs only, attach a report that provides the following information for the last three full FYs and the current FY to-date:

- i. Average daily census;
- ii. Number of clients on the last day of the month;
- iii. Number of clients admitted during the month; and
- iv. Number of clients discharged during the month.

Not applicable. This is not a DMHAS-funded program.

No.	List of Attachments	Page No.
1.	License for Johnson Memorial Hospital	35
2.	List and CVs for key professional, administrative clinical and direct service personnel related to the proposal. <ul style="list-style-type: none"> • Ian Sterling Tucker, M.D., FAAFP; Vice President of Medical Affairs, JMH • Julio R. Duran MSN, PMHNP-BCI; Director of Behavioral Health Services, JMH • Stuart E. Rosenberg; President, JMH 	37
3.	Financial Worksheet	49
4.	Minutes from the Board of Directors' Meeting when the proposed termination of the IOP CDP program was discussed and voted on.	52
5.	Proof of Public Notice	57

Attachment 1

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0072

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

JMH Acquisition Corp. of Stafford Springs, CT d/b/a Johnson Memorial Hospital is hereby licensed to maintain and operate a General Hospital.

Johnson Memorial Hospital is located at 201 Chestnut Hill Road, Stafford Springs, CT 06076-4005.

The maximum number of beds shall not exceed at any time:

9 Bassinets

92 General Hospital Beds

This license expires **December 31, 2017** and may be revoked for cause at any time.
Dated at Hartford, Connecticut, January 1, 2016. INITIAL.

Satellites:

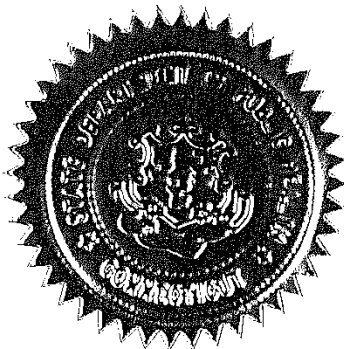
Johnson Surgery Center, 148 Hazard Avenue, Enfield, CT

JMH Behavioral Health, 151 Hazard Avenue, Enfield, CT

JMH Advanced Wound Center, 140 Hazard Avenue, Enfield, CT

License revised to reflect:

*CHOW of OE and RP effective 1/1/16



A handwritten signature in dark ink, appearing to read "Raul Pino".

Raul Pino, MD, MPH
Acting Commissioner

Attachment 2

Ian Sterling Tucker, M.D., FAAFP
24 Battle Street, Suite 1A
Somers, CT 06071
860-749-8887

EXPERIENCE:

Somers Family Practice, LLC
Owner and Physician
12/2003 to Current

Advanced Wound Care Center
Panel Physician
4/2012 to Current

Home and Community, Hospice
Medical Director
4/2016 to Current

Johnson Memorial Hospital
Vice President of Medical Affairs
5/2012 to Current

Johnson Memorial Hospital
Vice President of Medical Staff
11/2010 to 11/2011

Johnson Memorial Hospital
Chairman, Family Medicine and Pediatrics
11/2006 to 11/2010

Johnson Memorial Hospital
Hospitalist Physician
10/2007 to 2/2013

Johnson Memorial Hospital
Emergency Department Physician
4/2004 to 3/2012

Rockville Hospital
Emergency Department Physician
4/2003 to 4/2004

Ellington Family Physicians
Associate Physician
7/2001 – 11/2003

Nason Hospital
Emergency Department
1/2000 to 7/2001

TRAINING:

Degree of Fellow, American Academy of Family Practice, 6/2010

Altoona Family Practice (now Allegheny Family Physicians, Altoona)
7/1998 to 7/1999 Internship
7/1999 to 6/2001 Residency
5/1999 to 2/2001 Concurrent Chief Resident Physician

EDUCATION:

University of Maryland, School of Medicine 8/1994 to 5/1998
Degree: Doctor of Medicine (MD)
Honors: Anatomy, Histology, Embryology, Neurosciences, Pathology and Pharmacology
Leadership: Judicial Representative, Class Representative

Cornell University 1/1991 to 5/1994
Degree: Bachelor of Arts (BA)
Honors: Distinction in all Subjects
Honor Societies: Alpha Epsilon Delta (Officer), Golden Key and Phi Kappa Phi

RECOGNITION:

Blair Gastroenterology Award; June, 2001
Society of Teachers of Family Practice Award; June, 2001
"Best Doctor Award", North Central News Readers' Poll; 2005 and 2013

BOARD CERTIFICATIONS:

American Academy of Family Practice
Initial Certification; 2001 – 2008
Recertification: 2007 – 2017
Recertification: 2016 – 2023 with possible extension to 2026

AFFILIATIONS:

University of Connecticut School of Medicine
Clinical Instructor
10/2001 to Current

University of Saint Joseph
Clinical Instructor
10/2015 to Current

LICENSURE:

Connecticut License #039732, through 11/2017

DEA: Current License through 11/2018

Connecticut Controlled Substance: License through 2/2019

ORGANIZATIONS:

Connecticut Academy of Family Practice, President

President: 2012 to Current

Vice President: 2010 to 2012

Member: 2001 to Current

Julio R. Duran MSN, PMHNP-BC

273 Broad Brook Rd

Enfield, CT, 06082

860-882-7384

JDuran@TherapeuticAllianceCT.onmicrosoft.com

Education:	Sacred Heart University	Fairfield, Ct	2010-2012
	BSN in Nursing		
	Wilkes University	Wilkes barre, Pa	2014-2016
	MSN-Psychiatric Nurse Practitioner		
Experience:	Director of Behavioral Health Services		2017-Present
	JMH & PBH/Mercy Trinity Health-NE		
	❖	Oversee inpatient & outpatient behavioral health services at JMH & PBH	
	❖	Develop & implement evidence based psychiatric care guidelines	
	❖	Develop & Monitor several multimillion dollar budgets at both campuses	
	❖	Monitor hospital compliance with state and federal guidelines (CT & MA)	
	❖	Executive & Business planning strategies	
	Director of Psychiatric Services		2015-Present
	Johnson Memorial Hospital Stafford Springs, CT 860-684-4251		
	❖	Oversee inpatient & outpatient behavioral health services	
	❖	Develop & implement evidence based psychiatric care guidelines	
	❖	Develop & Monitor several multimillion dollar budgets	
	❖	Monitor hospital compliance with state and federal guidelines	
	❖	Executive & Business planning strategies	
	Psychiatric RN Case Manager		2011-2016
	Interim Home Health Care Farmington, CT 860-679-7727		
	❖	Perform 50+ psychiatric/medical home care visits per week	
	❖	Case management responsibilities	
	❖	Supervise and train HHA	
	Clinical Resource Coordinator/Nursing Supervisor		2014-2015
	St. Francis Hospital, Hartford, CT 860-714-4000		
	❖	Supervise and oversee nursing care provided during off shift hours at the Mount Sinai campus of St. Francis hospital.	
	❖	Units of responsibility included: adult psychiatry, dual diagnosis, adolescent psychiatry, child psychiatry, traumatic brain injury unit, rehab unit.	
	Nurse Manager Adult Behavioral Health Services		2011-2014
	St. Francis Hospital, Hartford, CT 860-714-4000		
	❖	Manage and oversee nursing care provided for two units a 24 bed intensive psychiatric unit and a 24 bed dual diagnosis unit	
	❖	Build and manage a multimillion dollar fiscal budget	
	❖	Supervise and oversee care provided by 100+ health professionals	
	❖	Collaborate with Dr's, APRN's, & Administration to deliver excellent	

quality health care

Nurse Manager 7W Adult Psychiatry 2009-2011

St. Francis Hospital, Hartford, CT 860-714-4000

- ❖ Manage and oversee nursing care provided for a 20 bed intensive psych unit
- ❖ Build and manage a multimillion dollar fiscal budget
- ❖ Supervise and oversee care provided by 70+ health professionals
- ❖ Collaborate with Dr's, APRN's, & Administration to deliver excellent quality health care

Clinical Resource Coordinator/Nursing Supervisor 2008-2009

St. Francis Hospital, Hartford, CT 860-714-4000

- ❖ Supervise and oversee nursing care provided during off shift hours.
- ❖ Units of responsibility included: adult psychiatry, dual diagnosis, adolescent psychiatry, child psychiatry, traumatic brain injury unit, rehab unit.

Nurse Manager Jan-2006-2008

Evergreen LTC, Stafford Springs, CT 860 684-8708

- ❖ Manage the healthcare for a 60 bed long term care unit
- ❖ Supervise and oversee care provided by 50+ health professionals
- ❖ Collaborate with Dr's, APRN's, & Administration to deliver excellent quality health care
- ❖ Supervised care provided in a 150 Bed Facility which included a 30bed Sub-Acute Unit, 60bed LTC unit, & a 60 bed Alzheimer's/Dementia unit
- ❖ Assist with the opening and management of the new memory support unit

Registered Nurse Oct 2004-Jan 2007

St. Francis Hosp. MSC, Hartford, CT 860-714-2606

- ❖ Manage the care of acute psych. inpatients on a 28 bed unit (7 West)
- ❖ Rotational charge nurse responsibilities
- ❖ Admit and discharge Patients.
- ❖ Develop individualized care plans

Skills/Accomplishments:

Nightingale Award 2012	Sigma Theta Tau Nursing Honors Society
Alpha Sigma Lambda	Bilingual – Spanish
Management Experience	Budget Experience/Knowledgeable
CT APRN Licensure	1199/MNA/UAW Union Experience
CPR Certified	Crisis Prevention and Intervention Training
CT & MA RN License	Certified Tobacco Cessation Counselor

References Available on Request

STUART E. ROSENBERG

289 Hill Street, Bristol, Connecticut 06010

Home: (860) 584-8845 Cell: (860) 463-8811 Email: stuartrosenberg44@gmail.com

EXECUTIVE PROFILE

- **Senior Level Executive** with over twenty-five (28) years experience in general administrative management, inclusive of President & CEO level, in large Top 100 and Leap Frog designated Academic Healthcare System with \$720M gross revenue and 6600 employees. An accomplished visionary leader with extensive knowledge in hospital operations, affiliations/mergers, business development, government relations, strategic planning, physician/hospital relations, human resources, i.e. recruitment, executive compensation, benefits, and HR systems, and employee/labor relations.
- **Proven change agent and visionary leader** and recognized Human Resources professional. Appointed as Senior Vice President of Human Resources and Chief Operating Officer following departure of President and CEO. Implemented several programs to stabilize the work environment and improve efficiency, quality of services rendered, and reduce expenses due to prior year losses. Improved employee morale and patient satisfaction. Goal oriented, energetic leader who motivates subordinates and works hands-on to promote creative problem solving through consensus. Recognized for strength in leadership and ability to identify improvement opportunities by applying broad scope and analytical skills. Known as a solid team player that effectively builds trusting relationships with open and honest communication. Leads by example with highest standards for expectations, performance, and results.
- **Recognized within the State and nationally** as an accomplished Human Resources professional. As President of Connecticut Healthcare and Human Resources Association, received national award for Chapter President of the Year. Extremely knowledgeable in all areas of Human Resource management, such as compensation, benefits, employee/labor relations, recruitment and employment, leadership development, organizational change and strategic planning.

CORE QUALIFICATIONS

- Hospital Operations
- Organizational Change/Turnaround
- Strategic Planning
- Business Development/Affiliations
- Human Resource Management/Employee Communications
- Contract Negotiations
- Team Building and Leadership Development
- Compensation and Benefits
- Recruitment and Employment

PROFESSIONAL EXPERIENCE

Trinity Health-New England

Hartford, Connecticut

President, Johnson Entities

3/25/13 to Present

As part of the Trinity Health-New England (formerly Saint Francis *Care*) Regional Health Ministry, responsible for overseeing the operating and financial performance of Johnson Memorial Medical Center (JMMC), Johnson Memorial Hospital (JMH), Johnson Health Care (JHC) and Home & Community Health Services (H&CHS). Led a turnaround of Johnson by reducing expenses, improving volume and partnering with Saint Francis. This resulted in going from a seven (7) million dollar loss to a nine hundred dollar loss for the Care System from operations in FY 2014. The Hospital actual had a profit of 1.3 million dollar gain from operations. Serve on several Community Boards, and developed a revised Strategic Plan in conjunction with Trinity Health-New England.

Executive Director North Campus

10/1/10 to 3/24/13

Responsible for the coordination/operations of the North Campus of Saint Francis Hospital and Medical Center. The campus includes the Mount Sinai Rehabilitation Hospital, Behavioral Health Services, Wound Care Center, Hyperbaric Medicine, Ambulatory Surgery, Long Term Acute Care Program, DaVita Dialysis, Multiple Sclerosis Center, and Burgdorf/Bank of America Health Center. The coordination includes community representation, facility management, The Joint Commission and regulatory compliance. Also responsible for overseeing Human Resources functions such as corporate benefits, and employee/labor relations which is included in the description for Director of Human Resources.

Overall Results: Successful TJC and State inspections.

Director of Human Resources

1/08 to 3/24/13

As a member of the Human Resources Team responsible for the Human Resource Operations on the North Campus of Saint Francis Hospital and Medical Center. Such Human Resources business partner services include employee and labor relations, executive compensation/benefits and system corporate benefits (5500 employees), behavioral health recruitment, labor contract negotiations, site Human Resources communications, site Human Resources services coordination, site management training, and other strategic initiatives.

Overall Results: Saved in excess of \$10 million dollars in corporate benefits.

Negotiated new three (3) year labor contract with 1199.

Senior Vice President /Human Resources and COO

1/06-5/07

As a member of the Senior Management Team at Bristol Hospital an affiliate of Saint Francis, responsible for overall hospital operations with oversight of Patient Care Services, Emergency Services, Radiology, and Laboratory Services. Also responsible for critical support services such as Facilities, Environmental Services, and Food Service. Other areas of oversight included Human Resources, Volunteer Services, Occupational Health, Hospitalists, Management Service Organization, Wellness Center, Physician Relations and Recruitment, affiliations including Saint Francis shared services and Government Relations. Provided labor relations support to Saint Francis Hospital and Medical Center. Bristol had gross revenues in excess of \$120M and 1600 employees.

Overall Results: Improved bottom line via expense reductions and revenue enhancement by \$1.8M. Hospital achieved budget for the first quarter of FY2007. Exceeded budgeted

revenue for the first time in three (3) years. Froze the Defined Benefit Plan projected one-time savings of \$8.5M. Established a Defined Contribution Plan and match program. Successfully negotiated a three (3) year labor contract for Saint Francis Hospital and Medical Center resulting in a savings of \$875,000.

Vice President of Human Resources and Administrative Services 12/99-1/06

As a member of the Senior Management Team at Bristol Hospital Health System, responsible for all aspects of Human Resources, i.e., compensation, benefits, employment, employee and labor relations for a workforce of 1,600 employees. Operational oversight for physician recruitment and contracts, Laboratory Services, Occupational Health/Workers Compensation Company with Saint Francis, new business development, and leadership education. Also provided labor relations support to Saint Francis Hospital and Medical Center, and served as the Affiliations Coordinator which included responsibilities for managing the Saint Francis relationship with Bristol Hospital.

Overall Results: Achieved break even budget within division. Implemented enhanced benefit changes and improved benefit expense by over \$1M. Developed a comprehensive recruitment and compensation program reducing turnover by over 25%. Vacancy rate improved by 8%.

Director of Human Resources 5/98-12/99

Responsibilities included the executive compensation and bonus program, benefits, recruitment and employment. Served as the Affiliations Coordinator for Bristol Hospital which manages the relationship with Saint Francis. (North Campus) Provided labor relations for Saint Francis Hospital and Medical Center, medical practices, day care services, and leadership education and development.

Overall Results: Reduced benefits budget by \$2M. Participated and developed a comprehensive strategic Human Resource plan. Redesigning the Defined Benefit Pension Plan. Achieved division budget. Developed Executive Compensation and Bonus Program. Successfully negotiated the labor agreement for Saint Francis Hospital and Medical Center resulting in a savings of over \$1M.

Director of Operations, Collins Medical Management Inc. 2/96-4/98

Responsibilities included daily operations for a fifty (50) Primary Care physician group practice affiliated with Saint Francis Hospital and Medical Center. Duties included practice management, Human Resources, Information Systems, Facilities management, lease and property management, practice acquisitions and oversight of a \$10M budget.

Overall Results: Achieved break even budget. Established all compensation/benefits and pension programs. Developed Human Resources policies. Negotiated building leases and reduced lease expenses by \$.5M. Transitioned physician practices on time and on budget.

Project Manager, Collins Medical Management, Inc. 10/95-1/96

As Project Manager, responsible for designing billing systems, information technology, Human Resource policies, practice acquisition processes, marketing, budget development and company business plan.

Overall Results: Formed company operations on time and on budget. Physician practices were purchased according to the business plan. Organizational infrastructure was established according to plan.

Director of Human Resources, Mount Sinai Campus**3/90-10/95**

As a member of the Senior Management Team, responsible for overall Human Resources operation (compensation, benefits, recruitment and employment, as well as employee and labor relations) for a workforce of 1,400 employees. Also served as Assistant System Director of Human Resources for Saint Francis Care with overall workforce of 5,000 employees.

Overall Results: Redesigned and rebuilt the Human Resources functions as part of the affiliation integration strategy. Implemented work force redesign/organizational structure to improve operational efficiencies. Overall plan resulted in \$2M savings. Successfully negotiated labor contract, resulting in \$1M savings.

**Assistant System Director, Human Resources,
Saint Francis Hospital and Medical Center****8/87-3/90**

As a member of the Leadership Team, responsibilities included oversight of recruitment and employment, compensation and benefits and employee relations programs for a workforce of 3,000 employees. Heard and rendered decisions on employee grievances. Administered EEO program. Formulated Personnel policies. Managed Human Resources budget in excess of \$10M. Recruited for executive, department leader, and physician level positions.

Overall Results: Achieved division budget and operational goals.

Cuno Manufacturing Inc.

Meriden, Connecticut

Manager Industrial Relations**5/86-8/87**

Responsibilities included managing Human Resource programs, compensation and benefits for over 1,500 employees inclusive of multi-site plants in Connecticut, and abroad. Served as Chief Negotiator for union contract.

VA Healthcare System**Personnel Management Specialist, West Haven, Connecticut****3/81-5/86**

Responsibilities included recruitment and employment. Principal negotiator for labor contract negotiations. Heard and rendered decisions on employee grievances. In addition, managed compensation and benefit programs for over 4,000 employees.

Personnel Management Specialist, Newington, Connecticut**6/80-3/81**

Responsibilities included contract negotiations, presenting cases before arbitrators, recruitment/employment, salary and wage administration, benefit programs for a work force of 1,300+ employees.

Hospital Administration Resident, Newington, Connecticut**10/75-5/80**

As a graduate student in Hospital and Health Administration, responsible for Personnel and Ambulatory Care analytical studies.

ADDITIONAL EXPERIENCE

Saint Francis Care Administrative Liaison for PGA Events

06/88-Present

Responsible for planning/coordinating on-course medical services, for the GHO, Buick and Travelers PGA Tour events in Hartford. This includes planning of staffing, contract negotiations, and day-to-day operations.

AWARDS

- National Chapter President of the Year Award, American Society Healthcare Human Resources
- Dean's List Graduate/Undergraduate Education
- Outstanding Performance Awards

PROFESSIONAL AFFILIATIONS

- Society for Human Resource Management
- American Society for Health Care Human Resources Administration of American Hospital Association
- Connecticut Health Care and Human Resource Association
- American College of Health Care Executives

APPOINTMENTS

11/2016 –Present	Vice Chairman, Connecticut Occupational Medicine Partners, LLC
2015 – Present	Chairman, Asnuntuck Community College Foundation Board of Directors
2013-2015	Member Asnuntuck Community College Foundation Board of Directors
2013-Present	North Central Connecticut Chamber of Commerce Board of Directors
2013-Present	CHA Committee on Government
2013-Present	CHA Committee on Human Resources and Population Health
2013-Present	Connecticut Employment & Training Commission
2012-Present	Hartford Federal Credit Union Board of Directors
2011-Present	Co-Chair, Regional Connecticut Allied Health Work Force Policy Board
2011-2013	Upper Albany Main Street Hartford, Connecticut, Board of Directors
2010-2012	Past President, Connecticut Health Care Human Resources Association
2008-2010	President-Elect, Connecticut Health Care Human Resources Association
2008-2012	University Park Board of Directors
2006-Present	Chairman, 1199 Benefits/Pension Multi Employer Fund Trustees
2006-to Present	CompCare Board of Directors
2006-2007	Bristol Chamber of Commerce Board of Directors
2006-Present	Saint Francis Hospital and Medical Center Corporator
2004-2007	Collaborative Laboratory Services Board of Directors
2003-2007	Connecticut Hospital Association Committee on Government
2003-2007	Bristol Hospital Fund Development Board of Directors
2004-2007	President, Connecticut Health Care and Human Resources Association
2001-2007	Bristol Hospital Corporator
1992-1993	President, Connecticut Health Care and Human Resources Association
1991-1992	Vice President, Connecticut Hospital and Human Resources Association

1990-1991	Treasurer, Connecticut Hospital and Human Resources Association
1991-Present	Board of Trustees, New England District 1199 Health, Welfare and Pension Funds
1997-1999	Chairperson, Board of Directors, Saint Agnes Home, West Hartford, CT
1993-1999	Board of Directors, Saint Agnes Home, West Hartford, CT Chairperson of Personnel Committee; Member of Executive Committee

EDUCATION

University of Hartford, West Hartford, Connecticut

M.B.A.	Hospital and Business Administration
B.S.	Business Administration

PERSONAL ACTIVITIES

Basketball, Golfing, Fishing, Cross Country Sking, Cooking

Attachment 3

Johnson Memorial Hospital (without affiliates and subsidiaries)

NON-PROFIT

Applicant: Please provide one year of actual results and three years of projections of Total Entity revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:

Financial Worksheet (A)

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	Total Entity:	FY 2016	FY 2017	FY 2017	FY 2017	FY 2018	FY 2018	FY 2018	FY 2019	FY 2019	FY 2019	FY 2020	FY 2020	FY 2020
		Actual	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected
	Description	Results	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON
A. OPERATING REVENUE														
1	Total Gross Patient Revenue	\$ 168,026	\$ 175,765	\$ -	\$ 175,765	\$ 184,107	\$ (183)	\$ 183,924	\$ 191,472	\$ (191)	\$ 191,281	\$ 199,131	\$ (198)	\$ 198,933
2	Less: Allowances	106,771	111,117	-	111,117	117,423	(100)	117,323	122,698	(105)	122,593	128,201	(111)	128,090
3	Less: Charity Care	161	429	-	429	442	-	442	456	-	456	470	-	470
4	Less: Other Deductions	-	(1,198)	-	(1,198)	(1,198)	-	(1,198)	(1,198)	-	(1,198)	(1,198)	-	(1,198)
	Net Patient Service Revenue	\$ 61,094	\$ 65,417	\$ -	\$ 65,417	\$ 67,440	\$ (83)	\$ 67,357	\$ 69,516	\$ (86)	\$ 69,430	\$ 71,658	\$ (87)	\$71,571
5	Medicare	21,961	23,268	-	23,268	23,856	(1)	23,855	24,459	(1)	24,458	25,078	(1)	25,077
6	Medicaid	7,199	8,559	-	8,559	8,626	(15)	8,611	8,672	(15)	8,657	8,707	(15)	8,692
7	CHAMPUS & TriCare	133	304	-	304	311	-	311	319	-	319	327	-	327
8	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Government	\$29,293	\$32,131	\$ -	\$32,131	\$32,793	\$ (16)	\$32,777	\$33,450	\$ (16)	\$33,434	\$34,112	\$ (16)	\$34,096
9	Commercial Insurers	29,796	30,945	-	30,945	32,275	(67)	32,208	33,663	(70)	33,593	35,111	(71)	35,040
10	Uninsured	1,240	1,318	-	1,318	1,329	-	1,329	1,340	-	1,340	1,351	-	1,351
11	Self Pay	-	-	-	-	-	-	-	-	-	-	-	-	-
12	Workers Compensation	765	1,023	-	1,023	1,043	-	1,043	1,063	-	1,063	1,084	-	1,084
13	Other	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Non-Government	\$ 31,801	\$ 33,286	\$ -	\$ 33,286	\$ 34,647	\$ (67)	\$ 34,580	\$ 36,066	\$ (70)	\$ 35,996	\$ 37,546	\$ (71)	\$37,475
	Net Patient Service Revenue ^a (Government+Non-Government)	\$ 61,094	\$ 65,417	\$ -	\$ 65,417	\$ 67,440	\$ (83)	\$ 67,357	\$ 69,516	\$ (86)	\$ 69,430	\$ 71,658	\$ (87)	\$71,571
14	Less: Provision for Bad Debts	1,977	2,355	-	2,355	2,485	(2)	2,483	2,585	(2)	2,583	2,688	(2)	\$2,686
	Net Patient Service Revenue less provision for bad debts	\$ 59,117	\$ 63,062	\$ -	\$ 63,062	\$ 64,955	\$ (81)	\$ 64,874	\$ 66,931	\$ (84)	\$ 66,847	\$ 68,970	\$ (85)	\$68,885
15	Other Operating Revenue	2,727	1,960	-	1,960	1,999	-	1,999	2,039	-	2,039	2,080	-	2,080
17	Net Assets Released from Restrictions	18	23	-	23	23	-	23	23	-	23	23	-	23
	TOTAL OPERATING REVENUE	\$61,862	\$65,045	\$0	\$65,045	\$66,977	(\$81)	\$66,896	\$68,993	(\$84)	\$68,909	\$71,073	(\$85)	\$70,988
B. OPERATING EXPENSES														
1	Salaries and Wages	25,748	22,545	-	\$ 22,545	23,278	(120)	\$ 23,158	24,034	(124)	\$ 23,910	24,815	(128)	\$ 24,687
2	Fringe Benefits	6,229	4,566	-	4,566	4,714	-	4,714	4,867	-	4,867	5,026	-	5,026
3	Physicians Fees	5,219	5,924	-	5,924	6,042	-	6,042	6,163	-	6,163	6,286	-	6,286
4	Supplies and Drugs	10,206	9,826	-	9,826	10,393	-	10,393	10,997	-	10,997	11,641	-	11,641
5	Depreciation and Amortization	3,012	2,408	-	2,408	2,456	(1)	2,455	2,506	(1)	2,505	2,556	(1)	2,555
6	Provision for Bad Debts-Other ^b	-	-	-	-	-	-	-	-	-	-	-	-	-
7	Interest Expense	913	797	-	797	869	-	869	814	-	814	769	-	769
8	Malpractice Insurance Cost	294	164	-	164	172	-	172	180	-	180	188	-	188
9	Lease Expense	1,188	541	-	541	551	-	551	562	-	562	574	-	574
10	Other Operating Expenses	14,122	17,190	-	17,190	17,657	-	17,657	17,946	-	17,946	18,240	-	18,240
	TOTAL OPERATING EXPENSES	\$ 66,931	\$ 63,961	\$ -	\$ 63,961	\$ 66,132	\$ (121)	\$ 66,011	\$ 68,069	\$ (125)	\$ 67,944	\$ 70,095	\$ (129)	\$69,966
	INCOME/(LOSS) FROM OPERATIONS	\$ (5,069)	\$ 1,084	\$ -	\$ 1,084	\$ 845	\$ 40	\$ 885	\$ 924	\$ 41	\$ 965	\$ 978	\$ 44	\$1,022
	NON-OPERATING REVENUE	(208)	276	-	276	-	-	-	-	-	-	-	-	\$0
	EXCESS/(DEFICIENCY) OF REVENUE OVER EXPENSES	\$ (5,277)	\$ 1,360	\$ -	\$ 1,360	\$ 845	\$ 40	\$ 885	\$ 924	\$ 41	\$ 965	\$ 978	\$ 44	\$1,022

Johnson Memorial Hospital (without affiliates and subsidiaries)								NON-PROFIT						
Applicant:		Please provide one year of actual results and three years of projections of Total Entity revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:												
Financial Worksheet (A)		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
<u>LINE</u>	<u>Total Entity:</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2017</u>	<u>FY 2017</u>	<u>FY 2018</u>	<u>FY 2018</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2019</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2020</u>	<u>FY 2020</u>
	<u>Description</u>	<u>Actual</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>
		<u>Results</u>	<u>W/out CON</u>	<u>Incremental</u>	<u>With CON</u>	<u>W/out CON</u>	<u>Incremental</u>	<u>With CON</u>	<u>W/out CON</u>	<u>Incremental</u>	<u>With CON</u>	<u>W/out CON</u>	<u>Incremental</u>	<u>With CON</u>
	Principal Payments	\$838	\$1,241	\$0	\$1,241	\$1,235	\$0	\$1,235	\$1,180	\$0	\$1,180	\$1,149	\$0	\$1,149
C. PROFITABILITY SUMMARY														
1	Hospital Operating Margin	-8.2%	1.7%	0.0%	1.7%	1.3%	-49.4%	1.3%	1.3%	-48.8%	1.4%	1.4%	-51.8%	1.4%
2	Hospital Non Operating Margin	-0.3%	0.4%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
3	Hospital Total Margin	-8.6%	2.1%	0.0%	2.1%	1.3%	-49.4%	1.3%	1.3%	-48.8%	1.4%	1.4%	-51.8%	1.4%
D. FTEs														
		456.3	386.8	0.0	386.8	336.8	(1.9)	334.9	336.8	(1.9)	334.9	336.8	(1.9)	334.9
E. VOLUME STATISTICS^c														
1	Inpatient Discharges	3,138	3,066	-	3,066	3,088	-	3,088	3,088	-	3,088	3,088	-	3,088
2	Outpatient Visits - excludes IOP	68,803	59,082	-	59,082	59,674	-	59,674	60,272	-	60,272	60,876	-	60,876
3	Intensive Outpatient Pysch	174	104	-	104	104	(104)	0	104	(104)	0	104	(104)	0
TOTAL VOLUME		72,115	62,252	0	62,252	62,866	(104)	62,762	63,464	(104)	63,360	64,068	(104)	63,964
^a Total amount should equal the total amount on cell line "Net Patient Revenue" Row 14.														
^b Provide the amount of any transaction associated with Bad Debts not related to the provision of direct services to patients. For additional information, refer to FASB, No.2011-07, July 2011.														
^c Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.														

Attachment 4

DATE	June 6, 2017	LEADER	Patrick Mahon, Chairman	RECORDER	Kris Verny
LOCATION	James R. Cullen, M.D. Boardroom	DIAL-IN	Access Code:		
DIRECTORS PRESENT	P. Mahon, P. Tartsinis, E. Parizek, C. Fleming, Rev. DeVito, S. Lefebvre, Dr. Masih, A. Pifer, K. Sullivan				
STAFF	P. Jagoe, J. Lubin-Szafranski (via telephone), D. Megliola, S. Rosenberg, J. Schneider, I. Tucker				
GUESTS (Presenters)	M. Hanley, D. Keenan, J. Connolly, Y. Boudreau, A. Silverman, J. Hershberger, J. Rodis, J. Phelan,				



People-Centered
Care



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Colleagues



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Physicians
& Clinicians













Leadership
Nationally




Effective
Stewardship

Agenda Item		Presented	Action/Comment
CALL TO ORDER		The meeting was called to order by Patrick Mahon and introductions were done.	12:05 p.m.
REFLECTION		"A Blessing for a Leader"	Jennifer Schneider
SAFETY MOMENT		None	
ADOPTION OF AGENDA		No conflicts of interest were identified and the Agenda was adopted as presented.	
CONSENT AGENDA		The Board was previously provided with minutes of the April 4, 2017 Board of Directors meeting, Credentialing Reports for April and May, 2017, and Committee minutes for Clergy Council (April 25), Committee on Philanthropy (March 8), and Quality Committee of the Board (March 21 and May 23) for review.	ACTION: The motion was made and seconded to approve the Consent Agenda items as presented. This motion was passed unanimously.
FINANCE UPDATE		The Board was previously provided with financial reports for month-ending April 30, 2017 and year-to-date ended April 30, 2017.	

		<p>Financial Report: J. Schneider provided a brief summary of the April, 2017 financial report and noted the following key points:</p> <ul style="list-style-type: none"> • OCHA reporting requirement from transaction is due comparing last year to this year. Results show a \$3M swing and a positive bottom line for 6 consecutive months. • 7% increase in ED Admissions over last year. Volume of visits is down as patients who previously came to ED for simple matters are more appropriately going to Fast Care. 	
IMPLEMENTATION TEAM PRESENTATIONS:	  	Representatives from the Implementation Teams provided 6 month updates with regard to the areas of Inpatient Volumes, Outpatient Volumes, Infection Prevention Measures, Readmissions, and Patient Experience. Copies of their power point slides have been retained for the record.	<i>Implementation team members were thanked and excused at 12:48 p.m.</i>
ADVOCACY UPDATE:		An update was provided with regard to TH-NE advocacy efforts in Connecticut. A copy of the presentation has been retained for the record.	Daniel Keenan, J.D. Maryann Hanley, J.D.
MARKETING UPDATE:		Discussion held with regard to the Trinity Health Of New England litigation resolution and proposed settlement agreement with Health New England. In addition, it was noted the second round of the Together for a Reason campaign will launch in the coming months with a focus on quality care.	Joseph Connolly
STRATEGIC UPDATE AND ENVIRONMENTAL ASSESSMENT		<p>Executive Summary: The Board was previously provided with the President's Executive Summary for their review and information. S. Rosenberg highlighted the following items:</p> <ul style="list-style-type: none"> • Hartford Market: S. Rosenberg introduced Dr. John Rodis, President of Saint Francis Hospital & Medical Center and the Hartford Market. He thanked Dr. Rodis for attending today's meeting and for 	Stuart E. Rosenberg, President

	 	<p>approving the capital expense to pave the visitor parking lot at Johnson.</p> <ul style="list-style-type: none"> • Pulse Graphs: The Trinity Health Pulse Dashboard graphs were reviewed and a copy has been retained for the record. • WWTP: The Waste Water Treatment Plant project has been approved by finance and is moving forward under the tight timeline established by DEEP. The project is being completed in phases, with the first phase targeted for completion in August 2017. The total cost is estimated to be \$1.8M and will extend the life of the system for 20+ years. • Cancer Program: The Johnson Cancer Program located in Enfield is being regionalized under Trinity Health Of New England. This includes the installation of a new Grifol's unit in the Infusion Center for compounding and the revitalization of the Radiation Oncology program. • Colleague Engagement: Survey was conducted in the fall of 2016 to establish a baseline for Johnson. It resulted in a 52% response rate. The survey conducted in April had a 77% response rate, or a 25% increase. • scheduled for July 26, 2017 at Ellington Ridge Country Club. 	
	 	<ul style="list-style-type: none"> • 100th Birthday Celebration: A special birthday celebration will be held on Thursday, June 8, 2017 in the CMEC in recognition of Mary G and Mary A who turned 100 in May. In addition, they will be recognized by CHA as Healthcare Heroes at the June 14, 2017 annual meeting. • Auxiliary Golf Tournament: The JMH Auxiliary Women's Golf Tournament was 	

		held on June 2, 2017 at Grassmere Country Club in Enfield. It was a sold out event. Medical Staff Golf Tournament: The JMH and Medical Staff Golf Tournament is	
CORPORATE RESOLUTION:		The Board was provided with copies of a Corporate Resolution regarding the termination of Chemical Dependency services in Enfield. J. Lubin-Szafranski provided a summary of the proposed Resolution and answered the Board's questions.	It was MOVED and SECONDED to approve the Resolution to terminate the Johnson Chemical Dependency Program as presented. This motion was passed unanimously.
ADJOURN:		The meeting was adjourned to Executive Session at 1:40 p.m.	

Attachment 5

Affidavit of Publication

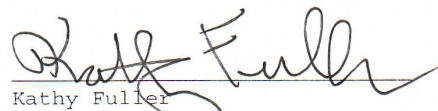
State of Connecticut
County of Hartford } ss. Manchester

I Kathy Fuller do solemnly swear that I am Classified Bookkeeper of the
JOURNAL INQUIRER printed and published at Manchester in
Connecticut and that from my own personal knowledge and reference to the files
of said publication the advertisement of

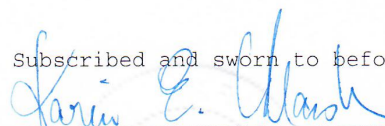
JMH CERT OF NEED

was inserted in the regular editions on the dates as follows:

09/06/2017 09/07/2017 09/08/2017


Kathy Fuller
Billing Department

Subscribed and sworn to before me this 7th day of September, 2017


Notary Public

KARIN E. MARSH
NOTARY PUBLIC
MY COMMISSION EXPIRES OCT. 31, 2018

Seal

Ad text :

PUBLIC NOTICE

Johnson Memorial Hospital, Inc., (The Applicant) is filing a Certificate of Need pursuant to Section 19a-639 of the Connecticut General Statutes. Due to declining volumes and the departure of the last provider, the Applicant is proposing the termination of its Chemical Dependency Program, an intensive outpatient program, located at 151 Hazard Ave in Enfield, CT. Arrangements have been made with a local provider to provide continuing care to the remaining patients. There are no capital costs associated with this proposal.

Journal Inquirer
September 6, 2017
September 7, 2017
September 8, 2017

LET AN EXPERT DO IT

2215 LAWN & GARDEN TOPSOIL A1 Dark, Rich, Screened. Deliver. Bark Mulch, Landscape Stone 870-8518	2707 POWER WASHING POWERWASHING, LLC Mold & Mildew Removal, Decks, Roofs, Etc. Gutter & Roof Cleaning <i>Fully Insured</i> Owner Operator, Call Frank 860-436-2814	3050 TREE SERVICE Hazardous and Large Tree Removal Storm Damage Clean Up Bucket Truck Service Brush Chipping New Tree & Bush Installation Stump Grinding Land Clearing 24 hr. Emergency Service Lic. & Ins. 860-869-2155 D&S YARDWORKS LLC	AFFORDABLE TREE SERVICES <i>Est. 1996</i> • Tree Care • Stump Grinding 860-646-0824	B&L ENTERPRISES 34 years experience Name you can trust. Bruce Livinichyk Licensed Arborist <i>Complete tree service.</i> 860-646-3425	CASE MOUNTAIN TREE SERVICE <i>Fully Insured</i> 860-559-9020	ECONOMICAL TREE SERVICE (The affordable people) Fully Insured Free Estimates 860-749-8575 RAY KAY
2310 MASONRY RIVERSIDE MASONRY Walkways • Walls • Patios • Steps • Chimney Repair • Basement Waterproofing • Foundation Cracks • FREE ESTIMATES Call Bryan 860-888-6094 Lic # 600824	2370 MOVING Dick's Moving Service, LLC Experienced Professional Movers Specializing in Local Moves Apartments, Homes, Single Pieces, Appliances, etc. Asst. Living, Conv. Homes, etc. 30 Years' Experience Call for Free Estimate References & Insured Call 860-989-9237	2610 PAINTING AP Welles Painting & Powerwash Interior/Exterior Wood Restorations Aluminum/Vinyl Decks Resurfaced	2850 ROOFING HARMONY Home Improvement Roofing • Siding Windows & more... Free Upgrade to Lifetime Shingles (with this ad only) 860-645-8899 <i>Lic. #0620 / Full Insured /</i> <i>FREE Estimate</i>	JULIEN'S ROOFING SPECIALIZING IN ROOF REMOVAL, RE-ROOFS, NEW ROOFS & REPAIR, FREE ESTIMATES 40 Years Experience Lic. #052731 Hire A Vet FULLY LIC. & INSUR. 860-644-5835		

PUBLIC NOTICE NOTICE TO CREDITORS ESTATE OF Carmella H. Brennan, AKA Carmella Brennan, AKA Carmella S. Brennan (17-0455) The Hon. Michael M. Darby, Judge of the Court of Probate, District of Greater Manchester Probate Court, by decree dated August 28, 2017, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim. Debra C. Daniels, Clerk The fiduciary is: John Brennan, 13 Woodlawn Avenue, Norwalk, CT 06854 Journal Inquirer September 6, 2017	PUBLIC NOTICE NOTICE TO CREDITORS ESTATE OF Frank S. Findlay, AKA Francis S. Findlay (17-0426) The Hon. Michael M. Darby, Judge of the Court of Probate, District of Greater Manchester Probate Court, by decree dated August 28, 2017, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim. Debra C. Daniels, Clerk The fiduciary is: Mark S. Findlay c/o John G. Tunila, Esq., Diana, Conti & Tunila, LLP, 1091 Main Street, Manchester, CT 06040-6058 Journal Inquirer September 6, 2017	PUBLIC NOTICE NOTICE TO CREDITORS ESTATE OF Mary Patricia Melton, AKA Patricia Melton (17-0443) The Hon. Michael M. Darby, Judge of the Court of Probate, District of Greater Manchester Probate Court, by decree dated August 28, 2017, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim. Debra C. Daniels, Clerk The fiduciary is: Karen F. Botticello c/o Brian J. Murphy, Esq., Brian J. Murphy Law, LLC, 172 East Center Street, Manchester, CT 06040
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PUBLIC NOTICE NOTICE TO CREDITORS ESTATE OF Claire E. Jackson (05-0608) The Hon. Michael M. Darby, Judge of the Court of Probate, District of Greater Manchester Probate Court, by decree dated August 28, 2017, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim. Debra C. Daniels, Clerk The fiduciary is: Chester Jackson, 21 Bodwell Road, East Hartford, CT 06108 Journal Inquirer September 6, 2017	PUBLIC NOTICE NOTICE TO CREDITORS ESTATE OF Elizabeth Allen (17-0461) The Hon. Michael M. Darby, Judge of the Court of Probate, District of Greater Manchester Probate Court, by decree dated August 28, 2017, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim. Debra C. Daniels, Clerk The fiduciary is: Wendy Allen c/o Michael J. Rice, Esq., Jacobs, Walker, Rice & Barry, LLC, 146 Main Street, Manchester, CT 06045-0480 Journal Inquirer September 6, 2017
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PUBLIC NOTICE NOTICE TO CREDITORS ESTATE OF Eileen P. Welles, AKA Eileen Welles (17-0489) The Hon. Michael M. Darby, Judge of the Court of Probate, District of Greater Manchester Probate Court, by decree dated August 28, 2017, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim. Debra C. Daniels, Clerk The fiduciary is: Dennis P. Welles, 888 Silver Street, Coventry, CT 06238 Journal Inquirer September 6, 2017	PUBLIC NOTICE NOTICE TO CREDITORS ESTATE OF Robert DePasquale, AKA Robert N. DePasquale (17-0476) The Hon. Michael M. Darby, Judge of the Court of Probate, District of Greater Manchester Probate Court, by decree dated August 28, 2017, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim. Debra C. Daniels, Clerk The fiduciary is: Debra C. Daniels, Clerk Board of Assessment Appeals September 6, 2017
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PUBLIC NOTICE NOTICE TO CREDITORS ESTATE OF Eileen P. Welles, AKA Eileen Welles (17-0489) The Hon. Michael M. Darby, Judge of the Court of Probate, District of Greater Manchester Probate Court, by decree dated August 28, 2017, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim. Debra C. Daniels, Clerk The fiduciary is: Dennis P. Welles, 888 Silver Street, Coventry, CT 06238 Journal Inquirer September 6, 2017	PUBLIC NOTICE NOTICE TO CREDITORS ESTATE OF Robert DePasquale, AKA Robert N. DePasquale (17-0476) The Hon. Michael M. Darby, Judge of the Court of Probate, District of Greater Manchester Probate Court, by decree dated August 28, 2017, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim. Debra C. Daniels, Clerk The fiduciary is: Debra C. Daniels, Clerk Board of Assessment Appeals September 6, 2017
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PUBLIC NOTICE**PUBLIC NOTICE****NOTICE**

The Town of Manchester will hold a public informational meeting for the proposed project to make safety improvements on Buckland Street at the Buckland Hills Drive/Pleasant Valley Road intersection, on Tuesday, September 26th at 6:30 p.m. in the Hearing Room (1st Floor) at Lincoln Center, 494 Main Street, Manchester, CT.

The proposed improvements include replacing the existing traffic control signal, removing the right-turn lane channelizing islands and other appurtenant work. Based on the preliminary assessment, the project cost is approximately \$903,000.

It is expected that the construction phase of this project will be 90% funded under the State of Connecticut Department of Transportation's Local Accident Reduction Program. The remaining 10% will be funded locally with Public Works Bond funding.

The tentative schedules for the design and construction of this project will be discussed at the public informational meeting.

Preliminary design plans showing the proposed improvements are available for public inspection at the following location:

Town of Manchester
Lincoln Center
Engineering Division (2nd Floor)
494 Main Street
Manchester, Connecticut 06040

Monday - Friday, 8:00 a.m. - 4:30 p.m.

or online at:

<http://engineering1.townofmanchester.org/index.cfm/buckland-signal-improvements/>

Written statements and exhibits in place of, or in addition to, oral statements made at the meeting may be submitted either at the public informational meeting or delivered to Mr. Jeff LaMalva, P.E., Town Engineer, Town of Manchester Engineering Division, PO Box 191, Manchester, CT 06045-0191, on or before October 6, 2017. Such written statements or exhibits must be reproducible in black and white, and on paper not to exceed 8" x 11" in size. Comments may also be emailed to pwinfo@manchestertown.org. These written statements or exhibits will be made part of the project record and will be considered in the same way as oral statements.

The Town's engineering staff will be available at the meeting to answer questions anyone may have regarding the project plans being presented.

All persons interested in this project are welcome to attend the public informational meeting.

Deaf and hearing impaired persons wishing to attend this informational meeting and requiring an interpreter may make arrangements by contacting the Town of Manchester Engineering Division at (860) 647-3158 at least five working days prior to the meeting.

Scott Shanley

General Manager

Town of Manchester

Journal Inquirer

September 6, 2017

PUBLIC NOTICE**PUBLIC NOTICE****PUBLIC HEARING AGENDA****EAST HARTFORD PLANNING AND ZONING COMMISSION**

SEPTEMBER 13, 2017

7:00 P.M.

TOWN COUNCIL CHAMBERS

1. **SPECIAL USE PERMIT:** 639-655 Main Street and 7 Pitkin Street - Under Section 402.2.s; demolition of the existing building at 639 Main Street and construction a new 2,660 sq. ft. building for a restaurant/automobile oriented use, "Dunkin' Donuts".
Assessor's Map-Lot: 12-110, 12-111, 12-112/113
Applicant: 639 Main Street LLC and Marion C. Stanavage as Trustee

2. **SPECIAL USE PERMIT:** 639-655 Main Street and 7 Pitkin Street - Under Section 402.2.f; to allow a drive-through facility use associated with the construction of a new 2,660 sq. ft. building for "Dunkin' Donuts".
Assessor's Map-Lot: 12-110, 12-111, 12-112/113
Applicant: 639 Main Street LLC and Marion C. Stanavage as Trustee

Journal Inquirer
August 31, 2017
September 7, 2017

PUBLIC NOTICE**TOWN OF TOLLAND****PUBLIC NOTICE**

Use of State CDBG Program Income for an Activity that is Different than the Original Activity that Generated the Program Income

This is to notify all citizens that the Town of Tolland plans to request approval from the State of Connecticut Department of Housing (DOH) to use State Community Development Block Grant (State CDBG) Program Income funds up to fifty thousand dollars (\$50,000) during a program year (July 1 - June 30) for Public Service for testing of crumbling foundations. These State CDBG Program Income funds were generated by the repayment of State CDBG-funded housing rehabilitation/economic development loans, and the regulations for the State CDBG Program require the Town of Tolland to provide its citizens with reasonable advance notice of, and opportunity to comment on, its proposed use of these funds for an activity that is different than the original activity that generated them.

Questions or verbal/written comments about the Town of Tolland's proposed use of these State CDBG Program Income funds for Public Service for testing of crumbling foundations within the Town of Tolland may be directed by mail to Steven R. Werbner, Town Manager, 21 Tolland Green, Tolland, CT 06084, or by telephone 860-871-3600 or email swerbner@tolland.org, within fifteen (15) days of the publication date of this notice.

PUBLIC NOTICE**PUBLIC NOTICE****LEGAL NOTICE**

Notice is hereby given that the Board of Assessment Appeals of the Town of Windsor will hold a special meeting at the Windsor Town Hall, 275 Broad Street, for the purpose of the hearing any property owner aggrieved by the valuation of the Town Assessor on **MOTOR VEHICLE ASSESSMENTS ONLY:**

Saturday September 16, 2017 9:00 a.m. to 10:30 a.m.

The meeting will be held in the Ludlow Room on the lower level of the Windsor Town Hall.

Dated at Windsor Connecticut the 5th day of September, 2017

Windsor Board of Assessment Appeals
Milo W. Peck, Jr., Chairman

Journal Inquirer
September 6, 2017

PUBLIC NOTICE

Suffield Historic District Commission
Agenda - Regular Meeting
Sep 11, 2017, 7:30 P.M.

Suffield Town Hall - 83 Mountain Road
Lower Level Meeting Room

1. Call to Order/Roll Call
2. Designation of Voting Members
3. Public Comments
4. Approval of Minutes
5. Applications for a Certificate of Appropriateness
 - a) a. 555 No. Main St.; Reconfigure Back section of House; install A/C Condenser (Tom and Mary Fuller, owner)
 - b) 603 North Street; Proposed Partial Re-siding and Roof Replacement.
6. Adjournment

Journal Inquirer
September 7, 2017

PUBLIC NOTICE**LEGAL ACTION NOTICE****ENFIELD INLAND WETLANDS & WATERCOURSE****COMMISSION**

The Commission held a regular meeting on Tuesday, September 5th, 2017, beginning at 7:00 p.m., in the Town Hall Enfield Room, 820 Enfield Street, concerning the following application:

- a) **IW# 581** - 33 Post Office Road - Application for a swimming pool design center and distribution facility; Clarence Kays, owner/applicant; Map 047/Lot 030; I-1 Zone (Industrial-1). **Public Hearing Closed.**
- Commission Decision Continued to the September 19, 2017 Meeting.**
- b) **IW# 582** - Lots 69 & 70 Hazard Avenue - Application for

PUBLIC NOTICE**PUBLIC NOTICE**

Johnson Memorial Hospital, Inc., (The Applicant) is filing a Certificate of Need pursuant to Section 19a-639 of the Connecticut General Statutes. Due to declining volumes and the departure of the last provider, the Applicant is proposing the termination of its Chemical Dependency Program, an intensive outpatient program, located at 151 Hazard Ave in Enfield, CT. Arrangements have been made with a local provider to provide continuing care to the remaining patients. There are no capital costs associated with this proposal.

Journal Inquirer
September 6, 2017
September 7, 2017
September 8, 2017

PUBLIC NOTICE**LEGAL NOTICE****TOWN OF VERNON**

CONTRACT #2014-09/18/2017

RFP**RENOVATIONS TO HOCKANUM MILLS**

200 WEST MAIN ST. VERNON, CT.

INVITATION TO BID

The Town of Vernon, Connecticut is seeking qualified, licensed contractors to complete selected renovations at the Hockanum Mills facility specifically located in Building #3. A firm must have demonstrated experience in providing such service and adhere to standards and requirements typical for such service.

There will be a mandatory walk-through on Wednesday, September 13, 2017 at 11:00 AM.

A certified check or bid bond in the amount of five percent (5%) of the total bid must accompany each proposal. Copies of the RFP are available online at <http://www.vernon-ct.gov/legal-notices> with reference to Contract #2014-09/18/2017.

All questions about the proposals should be directed to Shaun Gately by e-mail at sgately@vernon-ct.gov no later than 3:30 PM on Thursday, September 14, 2017. Answers to all so received questions shall be posted by Friday, September 15, 2017, on the Town's website under the bid section at <http://www.vernon-ct.gov/legal-notices> with reference to **Contract #2014-09/18/2017.**

Two (2) copies of all proposals should be submitted in a sealed envelope, with "BID DOCUMENT - DO NOT OPEN - CONTRACT #2014-09/18/2017" clearly marked on the outside of the envelope, to: Shaun Gately, Economic Development Coordinator, 14 Park Place, 3rd Floor, Vernon, CT 06066 by 12:00 PM on September 18, 2017, at which time proposals shall be opened and read aloud publicly. E-mailed, faxed, or late bids will not be accepted.

